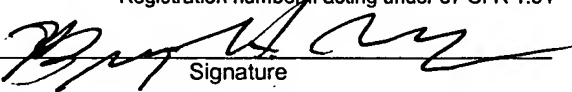




|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>304122000600   |                         |
| <b>Application Number</b> 10/694,928  |   | <b>Filed</b> October 27, 2003   |                         |
| <b>For</b> PLANAR WAVEGUIDE WITH PATTERNED CLADDING AND METHOD FOR PRODUCING SAME   |   |   |                         |
| <b>Art Unit</b> 2883  |   | <b>Examiner</b> D. Dupuis   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |   |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |                         |
|   |   | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120   | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |   |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.   |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>48,049</u>  |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____                                |                         |
|    |   | <u>June 3, 2005</u>   |                         |
| Signature   |   | Date  |                         |
| <u>Bryan H. Wyman</u>   |   | <u>(650) 813-5779</u>   |                         |
| Typed or printed name   |   | Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |   |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |   |                         |

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